

TRANSCRIPT OF 55MIN MP3-YOUTUBE-DR BOZ-

The biggest crime in the history of medicine FEB2024

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Dr. Boz [Annette Bosworth, MD]

Well, hello, everybody, it is Tuesday night. We are live here on the show. And I'm actually using a couple of my apps to show you my numbers. So this is my Dexcom at 79. I have been fasting for a while, since Sunday. And then I'm going to show you because I think it might be one of the final times that might my I have a continuous ketone meter in that is showing you a ketone of 1.9. So 1.9, ketones, glucose was 79. If somebody wants to do that Dr. Baz ratio for me, I am really excited about tonight's show that I, I have been putting this off, I have been wrong. And I have seen lots of you out there. And I have personal friends out there who've been telling me I was wrong. And I would much rather avoid this conversation. Not do this at all.

But you were right. I mean, there, there are some of you that I swear on every single one of the videos that I put out, you have put these comments about this topic we're going to talk about, I mean, I can be talking about, you know, vegan versus, you know why vegetables don't matter. And you're still asking me questions in the comments for like two years, every single video, you've done it? Yes, I've noticed. Yes, I've avoided it. But I cannot avoid this any longer. I am going to talk about something that I don't know is I'm very disheartened as I've done this. So we're gonna get right into the topic, we're gonna come back and show you some some other exciting things that we are announcing this week. But, but let's just do the part that's hard for you. Let's go to the let's go to the topic. Let me go to the about that one. Hold on.

There, this is one of them. I want to I want to do this one. That's what I want. All right, let me take this down a little bit. And make sure you can read what this says this is a paper that came out just a few short weeks ago, that I heard folks chattering about while I was doing the 21 day. But there wasn't quite a spare moment in all of the 21 days, this class that I do twice a year. And as I've looked at the report on what they were tripping about, I couldn't focus on it. I couldn't believe that this was true. Or as true as it is we've put the link of this in the show

notes. So be sure to click on this because I don't know how long this is going to be up. I want you to point out a couple of things here that I did not ignore that this. This article was the review for this article. It is a peer reviewed article. And it has, it ties in to a few questions that came right front and center as we were having our class over the last three weeks. But I want you to take notice this review began in November of 2023. It just finished like the week that I did my that I started this course.

So I again I hadn't looked at it until just recently. But I want to point out a couple of things that you may not appreciate. But I do that there are lots of crazy things that are said out there and medicine that physicians specifically ignore and I have ignored them. That is really easy to do when we look for some stamps of approval from our advanced peers who help us to sort what's real, what's not real, what's fake news and what's not fake news. And when somebody says that a an article is peer reviewed, and yeah, I'm sure there's shenanigans that are played in every part of medicine. But what peer review is supposed to mean is that an author puts together in this case, a review of the data, submits his review of the data. And these really smart physicians are doctors, PhDs, statisticians, advanced scientists are there.

They're the cross check the the fact checkers of medical articles. So in a peer reviewed article, this one has several authors of which I'd like to point out that Nathan meet is one of them. Peter McCullough is one of them. And you have several others over here that are the author's that is not who pure peer reviews them. You have about a dozen other peer reviewed or peers who review the article. And that alone is shocking for this article. I'm saying this at the beginning of the article because what if you're like me what I'm about to tell you? You're gonna not want to I don't want to believe this. I am so irritated by this article. And what it is showing me that But I had to put it on a live, I think this is a difficult thing for me to talk about this is a very heavy article, there's no chance you're all going to read this, I'm gonna point out a few things that took my attention, and made me sleepless. But I want you

to see that this isn't just a random person's opinion, this is a peer reviewed article where in a peer reviewed article, the author's or the, the peers will comment on the text, which means one of the authors, either the lead author or the co authors have to respond to the concerns and either document why that is true or not true, or are they have to alter the text, and you can't publish it. That's why the review started in November, it did not end for two and a half months, because these, these peers and there was like a dozen of them for this. This article, cross check

the information that we're about to go through here. All right. So we are not going to go through all 40 pages of this, but we are going to talk about some of them so that you can see what happened to my heart. And

what led to the reason I will focus on this. So let's start by saying this peer reviewed article is showing that that the COVID-19 vaccinations, while they were a big deal over the last four years, and we did some incredible partnerships with the policymakers of our community, and the scientists of our community, to break some of the rules in order to serve the public in a time of crisis. So one of those rules that we broke was this right here, the emergency use act. So the EUA, included, hey, we need to do this right now because of what's going on in our community. But that that comes with a risk that I knew about. But it probably isn't until this paper that I really

appreciated that there were a whole bunch of things called significant adverse effects, that's es EAS, that included things like death and cancer and cardiovascular and autoimmune problems, and neurologic disorders that were happening at a rate that we thought was acceptable, because of the situation. Alright, so I'm gonna go through this and point out the things that bothered the heck out of me. So for the most part, you all know that when we look at this, this process, most of the time, when you look for rapid authorization of a vaccine, the fastest we can do this is four years. And I can remember thinking at the beginning of the pandemic, that there's no way there's no way

they're going to get this done in six months. And you had all kinds of leadership, people trying to say, yes, we can. And you're like, I don't know, if you can make a flu shot. I mean, just make a flu shot in six months, let alone, you know, get one that's for a virus that we had no idea about, that the the trial period takes an average of 10 years to say, well, how dangerous is it is what we've been doing. So those are some of the basics to compare to that the first part of the article goes through a few things that give some examples. I like this one. Some examples include 1955, a contamination of a polio virus, you had had instances of Gyan Brae syndrome, observed in the flu vaccination in

1976. And there was a connection between narcolepsy with some of the flu vaccinations in 1999. We know there are adverse effects that come from vaccinations. And so we're not saying this never happens, we're saying that we thought this was an appropriate risk for the pandemic

that we were living through. And I think if you're like me, when you get to the end of this article, it makes you think, what did we say yes to what really? Did we say yes to, and I am not a conspiracy theorist, I really do believe in the hearts of people that are doing their job as scientists and doing their best to make the best policies and, and rules for our community. But the one thing that I think

should have been pointed out first is I wanted to where do they talk about that they they started using the word vaccination when they probably shouldn't have been doing that. Yeah, that goes through a few rules here. It also says that there was some bias. Oh, yeah, here we go. There were some some results that were strongly biased in order for it to work out. And Never have I seen bias play out like this at this degree. Alright, so this was the other part that bothered me. It bothered me from the beginning, but it really makes me nervous once you see what this I had heard whisperings about this, but I didn't believe it. I did not believe it. So this bothered me from the beginning, though, that they kept using the word Vax seen when it was not like a normal vaccine, this is a messenger RNA. This is a strand of single DNA or RNA that you make DNA from. So that you're teaching the body about how to respond to this by impacting your DNA. So it shouldn't have been

called vaccines, it should have been called, let me put a blue in here, it should have been called gene therapy product, because it wasn't really changing the gene therapy. Let me just show you this slide here, where this is DNA on the top, which is double stranded, your body will make a messenger RNA from that, at which point you can make a protein. So maybe a spike protein. We'll get to that in a second. Alright, we're gonna come back to this in a minute. out of the picture, man, don't look at that. Oh, look at that. There we go. Look at this. Alright, so that the first of all the terminology that they go into here says yeah, yeah. Why are you using those terms? There's another really interesting thing that you should be aware of. And that is they put this synthetic messenger RNA

into a protective lipid nanoparticle. What that means is that lipid base nanoparticle is going to be able to immerse into cell membranes, much differently than anything we've ever used before. All right, so there's that whole thing. And now this big circle here, I said, don't forget to say this, the problem with what they were playing with is, there is no off switch for this. In a vaccination, your immunity rises, and then it falls. And your body's done with what they were playing with. There's no mechanism built into our bodies, that has the ability to turn it

off. Like if you take that messenger that DNA, you have a messenger RNA, now you're making a protein. Well, how do you stop making a protein? Once this turns it on? And that wasn't? I know, somebody just says, Oh, you're gonna get

cancelled? I actually I am. I don't think so. I think I'm reviewing the scientific article. And I, I know, I haven't done a lot of this, but there is this, this needs discussed, this is a really important part of what happens as physicians when you trust that the scientific process is being used, and when they need to make exceptions to it? Well, it shouldn't be that the exceptions mean, break every stinking rule out there. Alright, let me go through. So that this section, and again, download this article, take a look at this. It's not it's written, yeah, it's a little scientific, but it's not that scientific. So when proteins enter the bloodstream and disseminates systemically, it may be contributing to factors that cause these adverse effects. And when we look at what the narrative is for what the research team was looking for, they, they really kind of, well, they, they did some things that you shouldn't do

in scientific reviews, or scientific processes. Alright, so let's just back up. So, registration for the trials, a couple of things that I think were kind of weird. They, so I'm gonna, I'm gonna read this book right here, because it was the study designed for the pivotal trials led to these, the emergency use act, were never intended to determine whether or not a messenger RNA inoculation could prevent severe disease or premature death. It was mainly due to insufficient statistical power for assessing these outcomes. The power calculations was based solely on the reduction of COVID 19 symptoms, which was the primary outcome. And this limitation, stemmed from recruiting these young healthy people in what they were studying, and then extrapolating that to the data for elder people. Alright, so let's see. So yeah, I'll just Yeah. For instance, Pfizer's trial recorded one instance, one instance of

severe COVID-19 death, whereas the Madeira Maderna is trial reported none leading to a company to proclaim 100% effect, efficacy for preventing severe illness. And I pulled all that out to say, yep, they took this healthy population of people, the ones that aren't going to have severe problems, they gave them vaccinations. One had a death one didn't, but they said hey, we prevented severe severe symptoms of COVID 19 with this process. Alright, so this is where I started to get really ticked off. You can see my writing gets a little bit bigger. I start putting exclamation points everywhere, because this is where you start to see They played some really naughty games with the numbers here. So I want to want you to point out the or I

want to point out that they are looking for the efficacy of mRNA product out of 162. From the 22,000 placebo recipients contracting COVID 19,

and compared it to only eight of the 22,000 vaccinated recipients, none of the 162 placebo recipients who contracted COVID-19 died. These numbers are too small to draw meaningful, pragmatic and broad sweeping conclusions. Moreover, this is the part that shocking 170 PCR confirmed cases diverts the attention from the other finding that a much larger number of cases identified during the self during the study fell under the category of suspected COVID-19. So they put them there and said, yeah, these people we think had suspected disease. 170 of them were confirmed. I mean, for heaven's sakes, confirm that they have the dengue disease, before we start making rules for the whole population. And what was happening. They had 3400 of them who they said, Yeah, we think they had COVID. This acts like COVID, well run the bank test, run the PCR, why would you skip that step?

Because what happens next is where these Okay, so suspected individuals were, I'll just take this eraser as you can see where I'm at. And I'll really, really underline it where the individuals exhibits symptomatic symptomatic COVID-19, but they lacked a positive PCR. These tests were used in the trials, where they were widely accepted. These were the standard of care for saying, do they actually have COVID-19, for some of the conclusions that we made a total of 3400 cases of suspected, but unconfirmed COVID-19 were identified, this is a 20 fold increase between the suspected and the confirmed cases. And then if you obviously looked at I tried to see this actually, where there were 1500 cases for the vaccinated and 1800 for the placebo. But when factoring in both confirmed that the suspected cases, it was confirmed, and suspected cases, the vaccine efficacy against developing

symptoms drops to only 19%. When you start to say, hey, how well did we do at understanding did this, did this vaccination reduce the symptoms? I remember reading this stuff, not knowing that this this part in the background was based on not confirmed vaccinations? Not not that mean, they suspected that it was COVID they didn't confirm that that's what they were talking about. Okay, so it might be manner to you guys, but again, that's the first place where my trust got a little sideways. Okay, so, the trial concludes that the trial conclusion was predicted on a mere 100 of such of these such COVID 19 cases, recording, go on here, go here, recorded with the in the placebo group. Okay, go down to the next part, the lack of the ability of Li the severe illness in the trials reflected the real world context, namely that the likelihood of severe COVID 19 hospitalization and dying from an

infection has always been very low. But stratifying by age and infection fatality rate, the IFR in 2021 showed an age related gradient and approximately three to four times increase in each decade. Okay, so and as that went on, we did continue to confirm that. But what they didn't tell us was this next part.

So we have overall all cause more mortality, and what did the pivotal trials reveal about the all cause mortality? After carefully analyzing this, they found that 31 In the vaccinated and 30 in the placebo had a mortality relative risk of 1.03 compared to the vac comparing the vaccinated to the placebo, oops, yeah, put them in the wrong spot. Comparing the vaccinated to the placebo, these findings became interpreted as no significant difference, or no

gold standard evidence showing that these mRNA vaccinations reduced mortality. Hmm. The lack of significant significant difference in the deaths between the study arm is noteworthy. The true mortality impact remains unknown in this context, and this fact alone is relevant, that a good trial evidence of reducing mortality than to take a vaccine where the trial evidence does not show convincing evidence to improve the survival. And then we get into So this keeps going on when we're What's really being talked about here is that not only were they looking at when the death rates, what were the symptoms of the COVID-19 measured fairly to impact? Is it worth the risk of a vaccination that isn't being that isn't new, that is new to us. Not only is it the first mRNA vaccination

that I'm aware of, it is massively delivered to all our children, pregnant women and elders. This, this whole section in here goes through that they're playing funny games with the math. You know, one of the best parts about statistics is when people start to play with the math, you might not be able to see the exact place that they played with the math, but it doesn't plot out in the expected way that the statistics say it should. And here's the part that I wanted to say both deaths are counted in each arm of the trial. This is really important. I know that this might just there's two more points that I need to make this one and the next one, which really shocked me. Okay, every six months, see, where did it begin? Okay, so they extended the portion of the trial included four months of the

unblinded period where most placebo participants crossed over to the vaccination group. Okay, so here's another thing that they did. When when you look at a trial of, of people, you have a placebo arm and you have a treatment arm. So what they did, and what I'm about to point out here, which was totally naughty, is they put them in the trial arm, they put them in the treated

arm, and then they let them continue for, I think it was a short period of time, I want to say it was like, you know, four weeks, not even four weeks, where if you got the placebo version of it. And you got so far out, you could say, yep, we they told them, You had placebo. And then they could change their mind and go over to the vaccinated side. And now what they were doing is they were using some of the people who started in the placebo line, but ended up with a vaccination in the data for the placebo. So they they

got the vaccination, they had a significant adverse effect, but they're being counted in the people who didn't get the vaccination, because that's where they started. They didn't fix that. I mean, first of all, they should have never offered that to them that early in the process. And I know that all rules were off when we look at the way this turned out, but let me just read this because it's heartbreaking. Oh, I want to do the other one. I think it reads a little easier. Not that one thing he did it again. This one, yeah. All right. So okay, so they extended the portion of the trial. Okay, it was four months, not for four weeks in the unblinded period, in which most placebo patients crossed over to the vaccination group. So they went from being placebo, and now they're in the vaccination group. During this phase, there were five additional deaths, including three in the original vaccination group, and two

among the placebo participants who chose to get vaccinated after four months had gone by. When these five deaths are included in the vaccination deaths, the total comes to 20 deaths in the vaccination group, and only 14 in the placebo group, which would represent a 43% increase in deaths when you got vaccinated, which is not seen as significant statistically significant due to the small count. But in the FDA documents, the total a total of 38 deaths were reported with 21 in the vaccination group, and 17 in the placebo group representing a 23% increase in all cause deaths among those who received two doses of the primary series. This suggests that the two placebo participants who died after getting a messenger RNA vaccination were counted twice. They were counted in the vaccination group, and they were counted in the placebo group. And then they talked about how they would, they

would run those numbers. So you don't have to be a statistician to understand what I'm trying to say, which is, they play games to have this bias towards the favourability of this of the vaccination. Not just wait, hang in there. I know you might not like numbers, but this is really an important process. And if they take this paper down, I want to be part of the people who said there was more to this than they ever told us. Okay, so this this is important to me, number needed to vaccinate. So when I look at the there's, you know, lots of shortcomings in this this

is an emergency process. But let's get to the brass tacks and say well, how many people was I going to need to give this vaccination to in order to get a say My wife, somebody who didn't die. So let me see where it goes in the talks

about this, it tells you about that, okay? Okay, here we go. So the approximately 50, I'm gonna use a different color because I'm running out of scribbles 52,000 vaccinations would be needed in order to prevent one COVID-19 death. Now they go through talking about all this how this number needed to vaccinate, they are taking a conservative approach to this. So as you do the math, the rounding in the way to be conservative, you know, giving the benefit of the doubt. And saying this exact injection, it is estimated that about two lives could be saved for every 100,000 injections. And then they go to say, but now we see that we have 27 deaths per 100,000 in the same batch of injections that were happening because of adverse events. So you're going to save two lives. But you're going to have 27 deaths as a result of the significant adverse effects. And yet, this was not reported. There

were nearly 14 times more deaths caused by the modified mRNA injections. That it shows you that in Appendix two. Okay, so one last thing, and then I'm going to go to a picture, and then we can take your questions, because I think this is worthy of talking about, it's something that I have made fun of my good friend, Colonel ALK, who kept telling me there's more to this than you know, there's more to this, you know, and he is he worked for the military for 50 years. He's also a physician. And he kept saying, Don't do it, don't do it. I'm like, don't tell me this, Colonel. Come on, they'll never be that evil, they would never be that evil. So I highly recommend reading through some of the stuff that I'm scrolling through right now. But I want to get to the final one. The one that, yeah, this is where they played funny games about when they stopped counting. And they held off reporting the death dates until after they stopped counting. So you see in here, a place where they said, Yeah, okay, I'll tell you this, and then I'll read it because you'll think it's not true. They didn't report the date that the person died. If there was an adverse effect. There's just there's a death date. That's not a difficult thing to follow. But they reported what date was the death reported to us? And so it delayed the onset of the death in the vaccinated people. So that it didn't look like it was as deadly. Let me just show you this. Okay, so I'll just underlined as I do this here, because it's easy for you to follow along. Okay, so let's go to here. And say it Pfizer use the dates of the death was recorded in subjects,

subjects case forms, which they maintain, including the death or hospitalization within 24 hour window, a guideline likely followed by the trial staff. I still didn't get it. Let's try one more time. Okay. The researchers were able to access the narrative reports on a few critical subjects that provided explicit notification that the subjects date of death was prior to November 14, which was this cutoff date for the data for death rates associated with a vaccination. They, they required immediate reporting of significant adverse effects, including death, blah, blah, blah, blah, blah. Nevertheless, Pfizer used the dates that the death was recorded in the subjects case report form, like it wasn't the actual death date, it was delayed. These delays were greatest in the vaccination subjects. Prior to that November 14, reporting time Pfizer had had Pfizer use the actual death dates to additional

vaccinated subjects would have been included in this emergency use act application, emergency use application or act application. This discrepancy was crucial. It changed how the outcomes were especially when you realize that two of these deaths were cardiac based. Yeah, twice as many cardiac deaths occurred before they played some funny games is what they're saying in this stuff here. They played plenty of funny games with the math. Okay, now the last thing I'm going to show you, which I really still can't believe, yeah, this is one of those places where they say, yeah, they recommended it in pregnancy when they knew that absolutely not one single subject in the trial was pregnant. I think that's just egregious. But let me go to this final part where then I'll quit chirping, and I'll take your questions. It's not there. It's a little bit further down. Oh, yes. Okay, quality control

issues. Okay, so first of all, it's a trial, this should not be an issue. So given the novelty of this mRNA technology, it was prudent to establish the regulation and the quality of the long term safety for this monitoring. So they go to a key issue that we could help explain why individuals succumb or die, while others do not is the vaccination type and batch variability and like, Well, why would the batches vary so much? Isn't it just an MMR? I mean, you mean there's the standards to produce these, okay, due to the inherent instability of mRNA technology, some batches may contain extremely low levels of the messenger RNA. Some batches were contaminated with double stranded RNA, as documented by the I can't remember what EMA stood for, for both the Madeira and or Pfizer and Madeira Maderna products, the double stranded DNA was hot has a high potential to trigger

immune inflammatory actions such as myocarditis. So here it gets a little bit this is where really bothers me. So you say, Well, I don't know much about these vaccinations is that like a

normal thing to find in your vaccination with an mRNA is you're gonna have some double stranded things. They say each batch variability further complicated in recent findings of DNA contamination, again, DNA contamination, first of all, what the hell is somebody? What is DNA doing in a vaccination that is supposed to be for the protein production to fight off this virus? But then the analysis of multiple vials Hi, high levels of DNA contamination in both a monovalent in by Vaillant vaccines in orders of magnitude higher in the than the limitations I know, this is I think this is the regulatory board for Europe. And FDA is what we call it so it was magnitudes higher. I mean 10 nanograms per

dose is what's allowed in our FDA whatever 330 nanograms per milliliter there but they said it is worth noting that just says somewhere right in here where oh yeah, here we go. The FDA, the FDA. Oh, yeah, it's, it's in yellow, I put down here. How did such so what they what they found was an enormous amount of DNA particles in the RNA that I injected into me into my kids into my pay Since there's so how does such dangerous large scale contamination escape the scrutiny of the public health officials? And were the manufacturers aware of all of this excess DNA that was found inside? Inside these vaccinations? Oh, yeah, this is the point I wanted to say. So what when you have foreign DNA in your human genome, it disrupt it disrupts the existing natural genetic sequence. It also carries a further risk of disease, including cancer, I mean, DNA in your body, very dangerous stuff like CRISPR,

except it's random chance of what the heck's in there, because it's a contaminant. It's not intended to be in there. What's it doing in there? So So they said, Well, did they know is important to know that the process related impurities were absent from COVID-19 products, when they applied to the government to get all these exemptions. So when they went to the registration trials, there were no impurities, it was strictly the mRNA. What I have in my mind that I imagined I was getting giving to people that I was receiving virtually all doses used in those trials, originated from clinical batches producing are produced using what was known to be processed one. But as they went to say, well, now we need to use a different process to mass produce this mRNA, which is called Process Two. And that seems to have utilizing bacterial plasmid DNA. The process to also alterations included my

modifications to the DNA template employed by the RNA transcription and changes in the purification phase and adjustments in manufacturing process for these lipid philic processes. They go on to talk about how much was in them and how this was not. Yeah, huge potential to be harmful. There was an 803 increase in autoimmune disorders when people had these

vaccinations. And it goes on to say, we not only know that we know that, as you look at some of the the images from people who have autopsies, from death due to myocarditis, I wonder if this is yeah, here we go. This spike proteins are found in the cells of all human heart cells, with Spike proteins inside the muscles of these of these patients. Again, Spike proteins are not supposed to be inside us at all. The people who had who had COVID didn't have spike proteins found in their cardiac tissues, the people who have the

vaccinations, the ones who had this messenger RNA that made a protein, and then they made the protein and didn't have the off button. Well, they're now found at autopsy in the cells of cardiac tissues. And here are the mean, that sounds ridiculous. It sounds like something I wouldn't even believe until you start looking at the autopsies and wondering, Hey, what part in this did I play? And how do you first of all, how do you say, I'm sorry, to all of you that have been putting comments in my videos for like, a year? Take a look at this, take a look at this. And I said, okay, they're just trippin again. And my good friend, Colonel out who told me from the very beginning, be careful, be careful. Look, what's happening. This is sneaky. Why are they holding this back? And he questioned everything. Now. He questions everything. So it's like the boy who cries wolf that I should have been paying

attention when he cried wolf this time. But shame on me, when there were places that this information was more readily available. And let me just close with this story. That when I was in, when we were in the 21 day, there was somebody who asked should I take the vaccination for? And then they filled in the blank, I think it was. I mean, they were talking about the flu vaccination, or and they were also talking about, oh, shingles vaccination, and the paranoia, the lack of trust of so many people in that class that said, I don't know, I don't trust like, I don't think we should have any vaccinations anymore. And I got irritated, saying what, again, I had not read this report. But But in fairness, this report talks about a distrust that happens when, when you're your people who are supposed to be dedicated to the scientific process to standard rules for studying people and subjects that say I volunteer to be in

front of a line for the shot. And I will take the risk. And when you when you disobey, when you dishonor that trust, when you betray that trust. Now they're saying, Well, can I trust these other vaccinations? And I'm like, Well, of course you can. And I mean, it's it's hard for me to say that without just saying, Oh, no. Look, how long is it going to take before the world would trust that I will trust? What they're telling me? And, and and then what was my part in it? How could have I been a little more tricky? I mean, again, I had all of my kids vaccinated, I had all

of the people I love vaccinated. And when you look back and say Tang, look at what it did, especially that the kids anyway, I say that to you to say, this information is out there. I don't know how long this report will be there. I want to do my part in at least spreading the information that's in this report. Because Holy mackerel, that a lot of work, go

into that report. And if you're trying to find confidence that there are good people out there trying to find the truth, to live in a time of scientific transparency. And I think the ketogenic diet is part of that, where, as I've walked through saying, Here's what I'm seeing clinically, here's what the research is telling me. And I'm trying to pair those up as quickly as I can, with reserving the right to say, oh, no, I was wrong about that. And when it comes to a place where I was wrong, I don't know what I get much worse than telling all the patients that I said, get the vaccination, get the vaccination, get the vaccination. All right. So let me let me go on to something much easier to talk about, which is not my continued failures in life. But to say, there's a couple of things that I wanted to point out. Several of you have asked where to get the continuous glucose monitor, you do need a prescription for that

we have made a pretty easy process. For continued glucose monitor prescription, if you click on that link, it leads you to the meaningful medicine partnership that we use to help with that, I'm going to scroll down to the bottom here and say that levels is another place that you can get a prescription for that they have a subscription, so you pay for their continued support and education. They also offer you both types of continuous glucose monitor where I just offer the Dexcom version. I also have put out a an ask and was really pleased to see some of you click on this, that when I look back at some of my dreams, one of them is to help people who are out there taking care of mental health issues, a better assess brains at the beginning of a story. So I've partnered with some jails, I've partnered with some therapist and some therapy teams on what is it that I do when I'm assessing somebody's

brain. And that assessment is something that's asynchronous that we we I do this for anybody who takes the brains course, but I'm looking for other people who could help me find a place where assessments need to be done on a higher level, or at least on a more thorough, without as many like inside a jail. The problem is getting the assessments done inside a jail is difficult. Let the iPad go into the jail. Let the left my counselors be on the outside of the jail. Anyway. So I still want folks to be aware that that is a huge dream of mine. And I'm, I've been a little I've been a little shy at sharing that with people. But it's Yeah, if I can put one thing on my

epitaph, I hope I hope that assessment is in the use before I die. I mean massively in the use.

Alright, there are several other things people

wanted to know about. If somebody asked me what is the deal with your Favorites page, this is like the commercial for my for my the work that I do the service work that I do. These links, links, and these promo codes do give us a little commission. I don't put anything on here that I don't use or somebody in my family doesn't use. And we have some pretty fun things we're going to teach about over the next few months that are on this page as well. So I encourage you to go there. It's just one way you can support us. I also wanted to let you know that we do have that product on sale that I talked about last week. But right now it's stuck between our warehouse and Amazon. So tune in next week on that sale, hopefully we can find there's still still a few 100 of them for sale, but

you can't find them anywhere. So don't go clicking yet. Instead, I guess you can click on any of the other stuff that's for sale in there. Alright, so I'm gonna go over to the questions. And let's go back to here and say I do look at your questions. There are several of you on tonight that are a major part of helping me put on that. That course that we just got done with and I was just starting today to read some of the reviews that oh my gosh, they make me smile. You really make me smile. Let's go here. So it may take that down just a little bit didn't fit as well as I thought it would chew Okay, so Karen writes in and said, I'm concerned that leaving a ketone drink out of the fridge could be

a problem. Can you tell me if they go bad? No, they don't. In fact, one of the things I have to do is check, shelf stability. And the one that's the well, the newest one that I had to just get approval from on the shelf was the pucker up. And it sat out on the counter for four and a half years at room temperature and was still good. The salts are even more stable. So when you put the salt into water, which is what the powders are, they're actually a salt. They don't go bad. They are a ketone as a ketone ketone. So they're not going to go bad. It's a very good question. I've never had that question before. Neil writes in and said, How will being in keto affect those who had the first and second round? You know, it's a really tough question. That's why I went into this, Neil, thank you for asking that. You know, he's asking, how do those of us that had those first rounds of vaccinations, how will that affect us? And, you know, what led me down the rabbit hole of even you know, getting close to this paper was? What

happens with that chronic inflammatory state of cytokine storms? And what can you do to still have the cytokines or their inflammatory response that heals a body? But that does not

constantly, you know, simmer or brew an inflammatory response that kills off tissue that hurts you? So how do you have enough response to help your body to protect your body without the flood that happens in many of the patients with chronic diseases like high insulin and diabetes? So I have this question, also this morning at my support group that when people go into a ketogenic state, and there was a gal who has been doing consistently keto for a few years, she's doing great. But she says, You know, I did that 72 hour fast and the scale dropped. And I said, Well, what were your ketones at the beginning of the fast and she says, Oh, they were like, no one, they were good. Or were they at the end, and they were like four, three or four, they were pretty good. So she had a good surge of ketones during the time of her fast. And I

said, Well, what you can guarantee when you have a high state of ketones is that you are pushing the anti inflammatory, you are ringing out the inflammation, the best that it can be. The other thing that you're doing is that there is a signaling agent, that when your body sees the signal of ketones in circulation, it protects it from breaking down muscle, so that the weight she lost during a surgery for ketones was very likely to be mostly water and fat and not muscle. Well, how does that answer the questions for have who had the shot? When you look at the inflammatory response that people have for a messenger RNA for you know, proteins being made in their body that they shouldn't be? That that the autoimmune, the immune response, that is erroneous, that's attacking? Well, whatever we injected in it, but also attacking ourselves. That the way the fat gets reined in, again,

something I did not learn in medical school. I mean, we knew that if they slept better, their autoimmune problems were better. We knew that if they were under less stress that their autoimmune problems were better. But Never did I read that you could reverse an autoimmune problem, bye, bye by, you know, really reining in the extra abundance of an immune system going in the wrong direction, which to me is what a cytokine storm, what a chronic inflammatory response is happening after those infections or after those injections. So the effect of an advanced ketogenic state is you get a high signaling agent to say, remove inflammation, remove inflammation, and you get to protect it. You're not breaking down muscle for energy. But, Neil, or maybe it's actually no sorry. Now I, I'm right with you. I have no idea what that really means. And it bothers me profoundly. All right, Brenda writes in

and says, so do the same people make packs lovin, and doesn't have the same problems? I don't know, actually, you know, honestly, one of the parts of Brenda that I would take, I'm gonna take a little piece in, and maybe, maybe it'll help you is that when you look at why the

government was able to do the things they were doing? It was because they were under that emergency use act. I don't think Pax COVID is under the emergency use act anymore. I think those are all like we're out of the crisis. People go back to normal. And in the normal process, it really does protect you. There are checks and balances. And there are really, you know, not just good people but healthy attention being paid to, you know, did did you make a mistake? And I mean, I think that's the beauty of beauty of a peer reviewed article. But there's a bunch of articles out there that I don't waste my time looking at. I spent a lot of time

looking at this article diving into the extra articles behind the article and the process check because I didn't want to believe it. But it should be believed there is there are lots of checks and balances. And normally in places where you're having the packs lovin, which I, I assume is an autoimmune disorder one. It's got it's got the crosses, checks and balance in it. Alright, so J F R says, Can fasting help change, help change the change in our DNA that was made our fasting King get rid of proteins we are now making. So that's part of what I'm hanging my hat on. I don't have any evidence for that. But when you look at what is what is the strongest signal when people are at that advanced ketogenic state, like the gal was talking about in the meeting this morning, and that is that our cleanest DNA is being replicated. The the one that is making an error has inflammation in it. And that inflammatory process

promotes the mistake in an autoimmune disorder, at least that's one of the theories that seems really to, to really match up lock and step with what I see clinically. Why does this autoimmune disorder reverse when they stay in a ketogenic state, you know, weeks after weeks after weeks. And now two years later, they say I don't have that problem anymore. I have a couple of young people that are in high school with an autoimmune disorder that starting and I just want to grab their parents and say, turn off the inflammation. What does that mean? That means do not feed them the processed foods that are everywhere in their life, and that are really hard to get rid of but for your behavior, he'll they'll be copying you. So put you in a ketogenic state, and watch what happens to your the choices of your children. So Jafar, I want to believe that it can it can do that. I don't know if I'm right or not,

though. Bill said we are 78 in good health, should we continue to get COVID shots? Boy, now that might get me cancelled? Well, I'll tell you, if I was 78, I wouldn't get it. I would say no, it's not me what they're telling you it's doing and what it's doing. Doesn't match? I mean, that's what that whole report is saying is that they, they they broke some rules. They they made some assumptions. And then the assumptions turned out not to be true. And there's a whole bunch of

funny business in the numbers. You know, I seem, Margaret Henry writes in, is that report available to the public? Yes, it's in the shownotes. Please click it. Please download it before. I mean, I don't know I'm not paranoid, but I just I cannot believe the evidence is in that report. So Sue Monroe, from Iowa. Nice to hear from you. I have had all four vaccinations and COVID, three times I was diagnosed with a heart condition last

year enlarged aorta and route. Is it related to this? I don't know. Me, I let me just show you this. So these biopsies are in people who have been known as a spike protein, and each one of them that cardiac tissue is not supposed to have a spike protein anywhere near that red is a spike proteins. And, again, when they have that just the vaccination, they don't have this incredible production of a protein that doesn't belong in our cells, let alone inside the tissue of a cardiac cell. And so do I think they're related? I don't know. I don't know if so, I'm sorry. I wish I'm I'm sharing this with you in a place that's very vulnerable, because I can't believe that it is. It is as true as it is. Elon writes in and says, so what is the source of the external DNA? Yeah, it's not horse.

The the if you go into the report, I want to say I looked this up because I thought I think it was What's the word for monkey the beans with an s like Sabian. I had to look it up because I'm like, why is that? Why did they mention this here? So the external DNA. I mean, I think it was in the mass production of it. But it's, well, it sure isn't supposed to have zero in there. It's got billions of particles. Again, well got approved by the FDA by the committee was something that had no DNA particles in it. But you go take a vaccination. Now they look at it and it's got the snippets of double strands, DNA, not messenger RNA, double stranded In it anyway. It's very it's very frustrating. It's very shocking. Yeah. Anyway, last question. And then I will say, I would love Oh Sapien. Thank you very Marvin. That's exactly the word I was looking. It was sapient as sapien DNA. Well, the word sapien is is Latin for like, APE

or monkey, that that. Yeah, homo sapien versus Sapien. That's the word I was looking for. Anyway, reading it is a little disheartening, you might want to be drinking ketones when you do it. Last question Debbie writes in how long does it take for your LDL to go down, I've always had high LDL and low lipids, they always want me to take statins because my LDL makes my HDL makes it higher than because my HDL makes it higher than 200. So when I tell people what to do on the ketogenic diet, I tell them, you want to be stable in a plan for six months, that when you're looking at LDL numbers, what you're really trying to assess is you're moving, you're moving energy around a human body, how well you're doing that how

consistently you're doing that is something that stabilizes once you get your head around how to be on a ketogenic diet. For real, not just a flash, I'm going to lose weight for a

wedding. Now just I'm going to hurry up and you know, you know, reduce the problem that is happening that you want to want to go away but something that you're in a in a zone heading in the right direction, and you're not going to turn left at Albuquerque next week. You're actually going to stay the course. So I would say six months of stable ketogenic lifestyle before you look at your cholesterol. That's what I do. Alright folks, I am going to sign off improving your health one ketone at a time. We will see you next week and I promise not to trip about medical literature next week, but I would love feedback on it.